MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			/		
2						
3		Ø		/		
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50						
TOTAL IND.	←		←		←	
TOTAL DEP.		3 22				
TOTAL CLAIMS						

		*		*		*	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
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52							
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98							
99							
100							
TOTAL IND.		←		←		←	
TOTAL DEP.							
TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

PTO-1360 (REV. 3-78)